WRIT matio

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5581
1. PLACE OF DEATH	92.0
County St. Marys	Registration Dist. No. 287
Village or City Acrossanville	No. St., Ward
(If Langth of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Tvilliam J. Bla	ckston
(a) Residence: No.	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Day) 193 2 (Year)
HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended deceased from 19.3 1, to 2 2 8 19.3 2
6. DATE OF BIRTH (month, day, and year)	I last saw In an alive on 72 and 2 , 19 32 death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Chyonic Valrular
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (mgth and	hart desuse 1925
10. Data deceased last worked at this occupation (moth and 1931 spent in this occupation	
(State or country)	Other Contributory Causes of importanca:
13. NAME Starrison Blackston	
14. BIRTHPLACE (city or town) Marry Land	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Esignbeth Summers	If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Eligabeth Summers	Accident, suicide, or homicide?
(State or country) //aryfaux	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT dame As percelle and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Michela Q. Date May 9 , 1932	Natura of injury
19. UNDERTAKER Thomas Harris Jud	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 7/1 ay 8, 19 32 P. M. Blan M.D. Local Registrar.	(Signed) M. D. (Address) grant mills and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8025 OU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. classifie Ward) (If death occurred in hospital cr institution, give its NAME Instand of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 BEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCE (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, Ilf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work e (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) OF FATHER State the Discase Causing Death, or, in Z Violent Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER Stateyrsmos of death yrs...........ds. Where was disease contracted, if not at place of death?. Former or naual residence. (Address Filed U If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Boquesing V.

RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health nature of the business or industry, and therefore an Civil engineer. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Lanager." "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Duy mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation (6) The ques-

spin. I meningitis"); Diplitheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Cercbrosymul Statement of Cause of Death-Name, first, the pls-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"; (the only definite synonym is "Epidemic cerebropueumonia, Bronchopneumonia ("Pneumonia"

> stated unless important. inges, perilonacum, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary Whooping cough; can be ascertained as the cause. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be etc., Carcinomu, Sarcoma,, etc., oi Chronie Example: Measles (disease etc. valvular heart disease; The contributory Always qualify all

dita is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions wered in detail, it will prevent further correspondence.

permanently filed.

FOR BINDING

V. S. No. 1

, WITH UNFADING INK---THIS IS A PEI WRITE PLAIN

PLACE OF DEATH	STATE OF MARYLAND
County of Mary	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Fernesthown (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in-
2FULL NAME Kebesca Generals	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MATERIAL STATES OF 1	that I last saw h 1 alive on Man 207 1832
7 AGE (Month) (Day) (Year) If LESS than I dayhrs.	and that death occured on the date states above, at
8 OCCUPATION (a) Trade, profession or particular kind of work Christian Householder	Cerebral Ofoflepy
(b) General nature of industry business, or establishment in	(2)
which employed or (employer).	Contributory Astisial Selesons
9 BIRTHPLACE (State or country) It march les mid	Secondary (Duration) Jyrs
10 NAME OF FATHER MATNOWN	(Signed) I I Bienerell M. D.
of FATHER (State or country) A march & hid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs ds. ds.
(State or country): 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
all A Penull	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	20 UNDERTAKER ADDRESS
File May 22 19257 Cacaalan Registrar	Wom le mothender Leonardions
If more blanks are needed, addross State Registrat	, 16 W. Saratoga St., Balto., Roquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

lubucer, Farm laborer, Laborer—Coal mine, etc. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many tion applies to each and every person, irrespective of eupation is very im, ortant, to that the relative health. Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager." "Deal-Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospin: I meningitis"); Diphtheria (avoid use of "Croup"); Spin: I meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic Example: Measles (disease valvular heart etc. The contributory Nomenclature discuse;

If, this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 15554
	1. PLACE OF DEATH	282
	County At Kerry	Registration Dist. No. 28 7
	Village or City Long town	No It many Hapital St., Ward
	(III	death occurred in a hospital or institution, give it NAME instead of street and number)
	P 1 11 1 1	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Trank Helmek	Cherman)
	(a) Residence: No. Jarbourelle, Mo	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of	
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from May 8, 1972, to May 10, 1932
0.	6. DATE OF BIRTH (month, day, end year)	I last saw barn alive on 9, 1932; death is said
cat	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et. 3,401m.
certificate	40 lenkroom of min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Date of onset
jo :	SAWYER, BOOKKEEPER, etc.	Fracture of Skull 5/8/32
back	Moustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
on k	O 10 Date deceased tast worked at 11. Total time (years)	automotale accident
	this occupation (month and May 1952 spent in this occupation	Other Constitution Constitution
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
tru	(State or country) Grand	
ins	13. NAME John Kelmik	
See	14. BIRTHPLACE (city or town)	Name ef operation Oate of
	(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
important	15. MAIDEN NAME Marin Celkoshi	23. If death was due to external causes (VIOL ENCE) fill in also the following:
oort	16. BIRTHPLACE (city er town) (State or country)	Where did injury occur? Great Marilles It Many Co. Jeed
imi	Um. P. Matting.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT C. MALLENGER	on ruffix road mile noth I have till
is ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile struck entert,
	Place Hy CosalemstagDete May M. 1932.	Ostrogof injury Branched and and compling him who
pton	19. UNDERTAKER John Thelmicko	24. Was disease or Injury In any way related to occupation of deceased?
()	(Address) Baltimore, Ind	If so, specify
	20. FILEO May (0, 195 2 Py Beau ket)	(Signed) M. O.
	Cocal Registrar.	(Address) has fully ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05585
1. PLACE OF DEATH	18
County St. Mary	Registration Dist. No. 247
Village or City Town Bruck	No. St., Ward
Length of residence In city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0 # > 0	(e)
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) 1 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I fast saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
32 unknows 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	accidental drowning 212
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	1
work was done, es SILK MILL, SAW MILL, BANK, etc	body found May 9/324
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	,
13. NAME Tunksivi	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diegnosts? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suiclde, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Plazary with with the control of the	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wallemore Md. Date May 10, 1932	Nature of Injury
19. UNDERTAKER GOOD RESERVED A GOOD RESERVED AS A GOOD RESERVED A GOOD RESERVED AS A GOOD RESERVED A GOOD RESERVED AS A GOOD RE	24. Was disease or Injury In any way releted to occupation of deceased?
lu a series la	(Signed) M. D.
20. FILED May 7, 1932 Registrar.	(Address) peat mills, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ехатре		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Yi 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAbe properly classified. ITH UNFADING INK-THIS IS A PERMANE. TION is very important. See instructions on back of certificate. mation should be carfully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF	MARYLAN	ID-CERTIFICA	TE (OF D	EATH
--	----------	---------	--------------	------	------	------

05586

1. PLACE OF DEATH	
County It Hangs	Registration Dist. No. 31 82
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME James Jones	
(a) Residence: No. Lehroa olloms (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Ocal OR DIVORCED (write the word)	21. DATE OF DEATH Hay 2, 193 2 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Line of	22. HEREBY CERTIFY. Jhat ettended deceased from
6. DATE OF BIRTH (month, day, and year) Mary 25-1982	1 last saw history alive on May 25, 19 92, 19 92 deeth is seid
7. AGE Years Months Days If LESS than 1 day,	I THE EXINCIPAL CAUSE OF DEATH and telated causes of importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Service bisth Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jodustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. Job Date deceased last worked et this occupation (month and	
11. Total tima (years) spent in this occupation (month and year) year)	Other Coatributary Causes of Importance:
12. BIRTHPLACE (city or town) Sens on offorms (State or country)	
14. BIRTHPLACE (city or fown) 2 Cf Joseph	
14. BIRTHPLACE (city or town) La af dord	Nama of operation Data of
(Steta or country)	What tast confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Clizabeta Luttes	23. If deeth was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Clip steeth Lutter 16. BIRTHPLACE (city or town) Haldoors (State or country) AM A	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Kes Cy Jones (Address)	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place & M. Stownson Church May 26, 19152	Menner of injury
19. UNDERTAKER Cescy Jones (Address) Watalong Mich	24. Was diseasa or injury in any way related to occupetion of deceased? 72.6
20. FILED 5726 , 1982 Camalin Registrar.	(Signad) Drown Grand M. D. (Address) Lemsas Altonia

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEALK in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

m

of OCCUPA.

Exact statement

	1. PLACE OF DEATH	TLAND	CERTIFICATE OF DEATH	581
	county of Mary		Registration Dist. No.	280
1	Village Dr City Deacharille Length of residence in city or town where death occurred.		ND. St.,St.,St.,St.,St. How long in U.S. if of foreign birth?yrsmo:	
1	2. FULL NAME Sandy Z	00	To long in 3.3.1 of foliage stills	
	(a) Residence: No. (Usual place	e of shode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 15-	193 2
	5a. If married, widowed or divorced HUSBAND of Worldy Lee Tar	leton.	22. 1 HEREBY CERTIFY, That I attended d	(Year)
	1012	//	ang 17 1951, to May 13.	, 1932
ate.	6. DATE OF BIRTH (month, day, and year)	date unk	I last saw h AM alive on Hay 5 , 1932	; death is seld
certificate	7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of enset
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	man	Interestial Repprises	
on back	SAW MILL, BANK, etc	time (years) ent in this g		
instructions o	12. BIRTHPLACE (city or town) Marylano (State or country)	7	Dither Contributory Causes of importance: - Garage Syrie of Love Rectains	
nst	13. NAME . Dan for Meles	de fu	Ser Killa - Lillia V	
See i	14. BIRTHPLACE (city or town) at mouth less (State or country) of Hange co	o md	Name of operation Date of Date of What test confirmed diagnosis? Canning allows there an au	
i.	15. MAIDEN NAME		23. If death was due to external causes (VIDL ENCE) fill in also the following:	
importă	16. BIRTHPLACE (city or town) of Mary Co	md.	Accident, suicide, or homicide?Oate of injury Where did injury occur?(Specify city or town, county and State	
very in	17. INFORMANT Blackwill Pr (Address) St morry le	Frank Lee	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	ĆE.
is.	Place In Peters Cares Oate Mo	ry 1 1932	Manner of injury	
TION	19 UNDERTAKER Richard Thoras (Address)	Mol.	24. Was disease or injury in any way related to occupation of deceased?	us.
	20. FILED May 14, 19.32 E. E.	Barela Registrar.	(Signed) Brown G (Address) Lews as allow	M. 0.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	\$	CEASE VIII	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," et., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housenunid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, first line will he sufficient, e. g.. Farmer or Planter, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) who are engaged in the duties of the (b) Automobile factory. The material Salesman. Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopnaumonia ("Pneumonia,")

> (tetapus) may be stated under the head of "contributory." [Recommendations on statement of cause of deuth "PUERPERAL seplicaemia," "PUERPERAL perilonilis, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Inanition, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age, Chronic etc. The contributory valvular heart Nomenclature Sarcoma,, etc., of "Shock, discase; not be

If this certificate is tooked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

certificate.

See instructions on back of

TION is very important.

AGE should be

should be carefully supplied.

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0 4 2	
County St mongo	Registration Dist, No. > 8V
Village or City At Guy ors	No. St., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Jonst Francis	- Valey
(a) Residence: No. (Upsh place of abode)	OSS. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOC / 2 .193 2 . (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND ot (or) WtFE ot	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day, hrs. or min.	I last saw how elive on 1932, to 1932; death is said to have occurred on the date stated above, at 42 m. The PRINCIPAL CAUSE OF DEATH and reteted causes of Importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Whooping Cough,
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.	Other Contributory Canses of importance:
(State or country)	
13. NAME Sladley Lee Paley 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SOUTH E. Coulley	23. If death was due to external causes (VIOLENCE) fill In also the following:
(Stete or country)	Accident, sulcide, or homicide?
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place State Date May 18 1932	Manner of injury
19. UNDERTAKER D. D. A. Pringer of My	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED MOZ 12, 1982 Sollery Registrar.	(Signed) M.D. (Address) Libye III.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Juby 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

f. PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1)		MARGIN RESERVED FOR BINDING	N RE	SER	/ED	FOR	BIND	ING
N. B.—WRITE PEAINLY, WITH UNFADING INK—THIS IS A PERMANENT	PEAINLY,	WITH	UNFAI	DING	INK	THIS	IS A	PERMA	NEN
mation s	mation should be carefully supplied. AGE should be stated EXACTL	efully	supplied.	AGE	shoul	d be	stated	EXA	CTL
CAUSE	DE DEATH	in plai	n terms,	se that	t it ma	y be	proper	ly class	ified.
TION is	TION is very important. See instructions on back of certificate.	int. S	ee instru	ctions	on bac	k of	ertifica	ite.	

STATE	OF	MADVI	AND-CEPTIFICATE	OF DEATH
SIAIL	Ur	MARYL	AND-CERTIFICATE	OF DEATH

		go.	(1	4	1	
1	:)	5	13	1	y	
V	1					

1. PLACE OF DEATH	(23)
County St. Marys	Registration Dist. No.
Village or City Cakley md.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town whate death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Mary Mustin	
(a) Residence: No. O apley mo	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDOWSD	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH May 9
temale colored married	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of Mases Kustin	Jan 2 1932 to May 9 1032
6. DATE OF BIRTII (month, day, and year) Dec. 18-1880	Mast saw h W alive on may 8 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 9 30 m.
51 4 31 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER,	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Data dacaasad last workad at this occupation (month and	Julmonary Luturaloris Dec. 1931
work was dona, as SILK MILL, daustroife	
The occupation (month and) Car 1 Spantin this all ask	
year) 1 1 occupation 3 b 43	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	ρ
(State or country) Y Name and	myocardity chronic -
13. NAME Samuel Lyer	
13. NAME Samuel Lyer 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmad diagnosis?
15. MAIDEN NAME Clizabila Dorsey	23. If death was dua to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Clegabile Dorse	Accident, suicida, or homicida? Date of Injury, 19
(State or country) Wayland	Whare did injury occur?
17. INFORMANT Cara Warston	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Oakley ma	
18. BURIAL, CREMATION, OR REMOVAL S. Heart County, Mary 11 22	Manner of injury
Place St. Heart Cemsburgate May 11, 1932	Nature of injury
19. UNDERTAKER CL. C. Welch	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Chaptico md	If so, specify
20. FILED 9 - 16 - 1932 The Calvin	(Signad) Waysuus C. Welden M. D.
Registrar.	(Address) A Chaptico MS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

mation should CAUSE OR D

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05591
1. PLACE OF DEATH	(5)
County St Mary	Registration Dist. No. 287
Village or City Ridge	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
11 112 8 . 4	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Henry J. T. Smill	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mule Blath OR DIVORCED (write the word)	May 11 , 1932
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Care Character	22. 1 HEREBY CERTIFY Thet I attended deceased from
1. La Maria	Jan /6 ,1932 to May 11 , 19 32
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Oavs If LESS than	l'ast saw him alive on May 1(, 1932 ; death is said
7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, at in. The PRINCIPAL CAUSE OF DEATH and related causas of importance
Trade, profession, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (monthship) spent in this	P. Maria
9. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc.	ancione of fines 7951
SAW MILL, BANK, etc.	
apart in (in)	
year) (130 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Medge	dortie insufficiency
(State or country) Mr.	(//
13. NAME J Henry Smith	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
H	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
4.	(Specify city or town, county and State)
17. INFORMANT Signature (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St Clelen Oate May 13, 1932	Nature of injury
19. UNDERTAKER Reacher Shows	24. Wes disease or injury in any way releted to occupation of deceesed?
(Address) Valley Lee he	If so, specify
20. FILEO May 12, 132 AyBen mo	(Signed) M. O.
Registrar.	(Address) Sut Millet Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN